BT/CT Standing Minutes: March 2, 2010

AGENDA:

- 1. FBI/CDC Criminal & Epidemiological Workshop
- 2. Public Health Emergency Preparedness Conference
- 3. New Hampshire Anthrax Exposure via Drumming
- 4. BTRL update

1. FBI/CDC Criminal & Epidemiological Workshop: (C. Gauthier)

The conference was held on February 9 and February 10. The two objectives were to: (1) Educate public health professionals on criminal investigations and (2) Educate law enforcement on public health investigational methods. Topics of presentations included: HIPAA, Joint Investigative Protocols and how to recognize laboratory equipment. In addition to the lectures the participants broke out into groups to complete case studies. Presentations from this conference have been saved in a folder labeled as "Criminal-Epi Workshop 2-2010" on the "Q" drive.

The workshop organizers and participants wished more law enforcement individuals had attended the conference. Unlike other states, Massachusetts has a strong relationship with FBI.

2. Public Health Emergency Preparedness Conference: (J. Nassif)

There were 1,800 attendees. Presenters included:

- Kathleen Sebelius, Secretary of the Department of Health and Human Services (HHS)
- Thomas Freidman, Department of HHS, Director of the Centers of Disease Control and Prevention
- Department of HHS, Director of the U.S. Food and Drug Administration (FDA)

Julie attended the pre-conference APHL All-hazards Survey meeting. In addition she was a panel speaker for the EPA Region 1 & 2 Full-Scale Exercise session.

3. New Hampshire Anthrax Exposure via drumming: (C. Gauthier)

Laura Jevitt from the CDC has requested information regarding the timeline of the recent 2009 anthrax case.

Day	Date	Activity				
Tuesday	12/15	Patient was admitted to a New Hampshire hospital.				
Wednesday	12/16	Patient was transferred to Mass General Hospital.				
Friday	12/18	The hospital laboratory in New Hampshire sent an isolate obtained from the patient to the Mass General Hospital (MGH) laboratory. The MGH microbiology lab realized the isolate was a Bacillus so they struck out agar plates and set up motility with the sample.				
Saturday	12/19	The 24 hour motility was negative.				
Sunday	12/20	The 48 hour motility was still negative so the motility was repeated.				
Monday	12/21	The Micro Lab Supervisor set up a gram stain. The gram stain appeared "text book" like Bacillus anthracis. Micro Lab Supervisor told the Infectious Disease (ID) doctor but was told that the patient had H1N1. The MGH laboratory struck the bacteria on to a slant and sent it to the MA DPH State Laboratory as a routine sample.				
Tuesday	12/22	Isolate was received at the MA DPH State Laboratory; Plates were struck and motility was set up in the reference laboratory.				
Wednesday	12/23	The isolate was determined to be non-motile and non-hemolytic and referred to the MA DPH State Laboratory BT Response Lab (BTRL). The BTRL set up confirmatory tests.				
Thursday	12/24	Confirmatory tests were interpreted as positive for <i>Bacillus anthracis</i> . Molecular analysis was conducted on the original slant and agar plates. All tested positive for <i>B. anthracis</i> .				

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On Christmas Eve, Cheryl had difficulty reaching anyone at the New Hampshire Public Health Lab. The listed numbers were office phone numbers not 24/7 number or cell phone numbers.

Clinical pathology of the NH anthrax case will be presented at MGH grand rounds on March 25, 2010.

3/25/2010	Medical	Klempner, Mark S.,	Zaki,	A 24-year-old woman
O'Keeffe	Grand	M.D., Emerging	Sharif,	with abdominal pain,
Auditorium, Blake-	Rounds	Infectious Disease	M.D.,	vomiting, tachycardia,
1, 8:00-9:00 a.m.		Lab, Boston Univ.	CDC	and hypotension
	1	:		1

4. Biological Threat Response Laboratory (BTRL) Update: (C. Gauthier)

Welcome Deborah Carter!

The BT Response Laboratory is receiving a high volume of 'white powder' samples. The FBI Boston office has been told that they should be opening more cases on suspicious substance incidents. This means each specimen will have to be tested by molecular analysis, time resolved fluorescence, culture, and analytical chemistry. The BT Response Laboratory is identifying laboratory personnel with security clearance who can be crossed-trained to assist them with the increased volume.

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